

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

10228

-62-040906

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **FILED NOV 1 1962**

Primary Registration District No.

Registrar's No.

VS 300
Rev. 4/59

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2403/38

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Normandy Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Faith Hospital		d. STREET ADDRESS (If outside, give location) 3652 E. Edgar Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Ewell Middle Lee Last Wood		4. DATE OF DEATH Month October Day 23 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/2/1907
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Dispatcher		10b. KIND OF BUSINESS OR INDUSTRY Complete Auto Transit	9. AGE (last birthday) 55 IF UNDER 1 YEAR: Months 55 Days 55 Hours 55 Min. 55 IF UNDER 24 HR: Months 55 Days 55 Hours 55 Min. 55
11. BIRTHPLACE (City and state or country) Tennessee		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Allen Wood		13b. MOTHER'S MAIDEN NAME Frances M. Wood	
14. NAME OF HUSBAND OR WIFE Frances M. Wood		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Frances M. Wood, 3652 E. Edgar	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute myocardial infarct Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. coronary arteriosclerosis DUE TO (b) 7201 DUE TO (c) 7201			INTERVAL BETWEEN ONSET AND DEATH 10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 5/5/62 a.m. 10-23-62 p.m. 10-15-62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 5/5/62 to 10-23-62 and last saw him alive on 10-15-62 Death occurred at Oct 23 11 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE George E. Kistner MD (Degree or title)		22b. ADDRESS St Charles, Mo	
22c. DATE SIGNED 10-25-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 10-26-62		23c. NAME OF CEMETERY OR CREMATORY Lynnwood Cemetery	
23d. LOCATION (City, town, or county) Paragould, Ark.		23e. STATE Ark.	
24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. OCT 25 1962	
26. REGISTRAR'S SIGNATURE Paul Smith M.D.			

NOV 2 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John D. Haines

Licensed Embalmer No.

4108

P. O. Address

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.